

**STATE OF MARYLAND  
DEPARTMENT OF AGRICULTURE  
BEFORE THE STATE BOARD OF VETERINARY MEDICAL EXAMINERS**

IN THE MATTER OF:

MEGAN A. NOYES, D.V.M.  
LICENSE NO. 7527

DOCKET NO. 20-10B

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**CONSENT AGREEMENT AND ORDER**

This Consent Agreement and Order ("Consent Agreement"), dated this 17<sup>th</sup> day of March 2022, is between the State Board of Veterinary Medical Examiners ("SBVME" or "Board") and Megan A. Noyes, D.V.M. ("Dr. Noyes"), License No. 7527. This Consent Agreement resolves the charge filed by the SBVME on January 22, 2021, in Docket No. 20-10B, alleging that Dr. Noyes violated the Veterinary Practice Act, Maryland Code Ann., Agric. §§ 2-301 – 2-316 and related Code of Maryland Regulations ("COMAR") 15.14.01 – 15.14.17, as set forth herein.

On January 28, 2021, Dr. Noyes, through legal counsel, requested a hearing on the charges. Thereafter, the parties reached an agreement to resolve this case under the terms and conditions reflected in this Consent Agreement. By signing this Consent Agreement, Dr. Noyes agrees to waive her right to a hearing on the charges in Docket No. 20-10B and further agrees to the terms and conditions of this Consent Agreement.

Under Maryland law, the SBVME is the licensing authority responsible for regulating the practice of veterinary medicine in this State, which includes filing disciplinary actions against veterinarians charged with violating the provisions of the Veterinary Practice Act and related COMAR regulations. As part of its authority, the SBVME "may refuse, suspend, or revoke any application or license, and censure or place on probation any licensee ... if the veterinarian ... [f]ails to comply with Board rules and regulations after receiving a license." Agric. § 2-310(8). The Board may also impose a civil penalty of not more than \$5,000 for a first offense, or \$10,000 for a second or subsequent offense, in lieu of or in addition to suspending or

revoking a veterinarian's license, respectively. Agric. § 2-310.1. In setting the amount of a civil penalty, the Board shall consider the severity of the violation, the good faith of the violator, and any history of prior violations, as well as the Board's civil penalty standards. Md. Code Ann., State Gov't § 10-1001(b); COMAR 15.14.11 (Civil Penalty Standards for Veterinarians).

### **FINDINGS OF FACT AND CONCLUSIONS OF LAW**

Megan A. Noyes, D.V.M., License Number 7527, by entering into and signing this Consent Agreement, having had the opportunity to seek the advice of counsel, agrees to the provisions of this Consent Agreement, acknowledging that the SBVME has sufficient evidence to find, as fact, and to conclude as a matter of law that Dr. Noyes violated COMAR 15.14.01.01 (Professional Judgment and Practice) as follows:

1. Dr. Noyes is a veterinarian licensed to practice in Maryland, where she has been licensed since 2015. Dr. Noyes was, at the time of the incidents described herein, the responsible veterinarian at Waldorf Animal Hospital d/b/a Waldorf Animal Clinic (License No. 08-024) ("Hospital"), located at 2242 Old Washington Road, Waldorf, MD 20601.
2. On June 1, 2019, Diana Vitiellis ("Ms. Vitiellis" or "Owner") brought Cooper, her 10-year-old male Morkie, to the Hospital for an evaluation of right hind limb lameness. At all times relevant to the events in this case, the Owner was an employee at the Hospital.
3. Monica Kinney, D.V.M. ("Dr. Kinney") (License No. 7660) was Cooper's treating veterinarian on June 1, 2019. After Dr. Kinney performed a physical examination, radiographs were taken of the pelvis and right hind limb to assess the cause of lameness. The caudal abdomen was visible on the radiograph, and an incidental finding was the presence of multiple uroliths in the bladder. Dr. Kinney recommended cystotomy surgery, which the Owner later scheduled.
4. On June 26, 2019, Cooper presented at the Hospital for the cystotomy to be performed by Dr. Kinney. Before surgery, Dr. Kinney ordered a complete blood count ("CBC") and chemistry panel, which Dr. Kinney found unremarkable. Dr. Kinney did not recommend repeat radiographs on the day of surgery but instead relied upon the radiographs taken three weeks earlier. During the surgery, Dr. Kinney removed

multiple uroliths; however, she removed fewer uroliths than had been visible in the radiographs taken previously. An intra-surgical radiograph was taken by moving Cooper to the radiograph room and returning him to the surgery suite before closing.

5. The intra-surgical radiographs confirmed that uroliths were remaining in the urethra. Dr. Kinney made multiple efforts to remove them or flush them back into the bladder, but she could not get them all. After she completed the surgery, Dr. Kinney updated the Owner's father and recommended that if Cooper did not begin urinating, he be evaluated for possible urethrostomy by a board-certified surgeon at another veterinary facility.

6. Dr. Kinney had a text message exchange with the Owner the evening of June 26, 2019. The Owner informed Dr. Kinney that the Owner and her family had decided to accept the surgical referral. However, the Owner did not immediately act on that recommendation.

7. The Owner brought Cooper back to the Hospital on June 27, 2019, because Cooper was lethargic and dribbling urine. On this date, Dr. Noyes was Cooper's treating veterinarian. Dr. Noyes took radiographs, which showed two identifiable stones still in the urethra. The bladder was distended with urine, but not excessively so. She flushed them back into the bladder and removed 15 mls. of urine. Subsequent radiographs showed that the uroliths were in the bladder.

8. Additional facts related to the June 27, 2019 visit are disputed. The Owner claims that Dr. Noyes noted that a sore on Cooper's abdomen next to his surgical incision had developed during this visit. According to the Owner, she was instructed to apply Neosporin.

9. Dr. Noyes maintains that after she flushed and drained Cooper's abdomen, she advised the Owner that Cooper should stay hospitalized for several hours until he could urinate independently and start antibiotics and anti-inflammatory medications, as Dr. Kinney had prescribed. However, according to Dr. Noyes, the Owner declined further hospitalization and, without letting Dr. Noyes know, allowed her parents to take Cooper home.

10. Later the same day, on June 27, 2020, the Owner brought Cooper back to the Hospital because her parents were concerned that Cooper still was not eating, was not himself, and seemed agitated. Another set

of radiographs was taken, which showed that the uroliths remained in the bladder and that the bladder was still mostly empty. Dr. Noyes gave him an injection of buprenorphine and cerenia, and Cooper went home.

11. The next day, June 28, 2019, the Owner reported to Dr. Noyes that Cooper still was not eating and was not going out to urinate, and was leaking urine from his penis. The Owner also reported that Cooper had a wound on his abdomen and showed Dr. Noyes a picture on her phone. Dr. Noyes discussed with the Owner that this appeared to be a urine scald from the urine leaking from Cooper's penis. In addition, the Owner, Dr. Noyes and Dr. Kinney had a discussion that afternoon about Cooper not eating and leaking urine, and discussed the possibility of going back to surgery to remove the stones. Dr. Noyes agreed to come in the next day (Saturday the 29th), which was her day off, to perform the repeat surgery.

12. On June 29, 2019, Cooper returned to the Hospital for the second surgery, which was to be performed by Dr. Noyes. Dr. Noyes opted not to perform new bloodwork before the surgery but instead reviewed blood work taken on June 26, 2019, and determined it was appropriate to proceed with the surgery. When she removed the original skin and subcutaneous ("SQ") sutures, Dr. Noyes found purulent discharge through the SQ tissues. Upon exploring the abdomen, Dr. Noyes found multiple friable adhesions and noted in the record that the bladder was markedly red diffusely.

13. Before proceeding further, Dr. Noyes consulted with Dr. Kinney. Together, they decided that opening the sutures or making any new incision in the bladder was too risky due to the level of inflammation. Dr. Noyes cleaned the infection, debrided the tissue as necessary, and closed. Dr. Noyes did not culture the purulent discharge.

14. On post-op day 1, Cooper drank on his own, was up and walking, and urinating voluntarily outside. However, over the next two days, he became more lethargic and anorexic.

15. On July 2, 2019, Cooper returned to the Hospital due to continuing lethargy, anorexia, and low body temperature. Radiographs indicated two uroliths in Cooper's bladder. According to the Owner, her father, who accompanied Cooper during this appointment, had to request blood work for Cooper. According to Dr. Noyes, who again was the attending veterinarian, Cooper's abdomen was tender and she began subQ fluids, buprenorphine and cerenia while bloodwork was running. There was concern about a technical

problem in obtaining the serum chemistry results, and the company that services the machines was contacted for assistance. Dr. Noyes advised the Owner that she suspected renal failure secondary to septicemia, and had discussions with the Owner about taking Cooper to another veterinary facility, namely, Waldorf Emergency Care ("WECARE") (License No. 08-00223), because Dr. Noyes was concerned about Cooper being alone overnight. Late in the day on July 2, 2019, the Owner took Cooper to WECARE. Radiographs were taken, which showed two uroliths in Cooper's bladder and more in the urethra. The attending veterinarian at WECARE flushed three uroliths from the urethra into the bladder.

16. On July 4, 2019, while at WECARE, Cooper was anesthetized, and his incision was opened and debrided so that it could be cleaned and heal as an open wound.

17. On July 5, 2019, another veterinarian at WECARE performed an emergency abdominal exploratory surgery because Cooper's abdominal wall was breaking down with infection. The bladder was necrotic on the dorsal surface, and the previous cystotomy site was breaking down. Several hours later, a contrast cystogram revealed leakage from Cooper's bladder. After discussing the findings and Cooper's prognosis with the WECARE attending veterinarian, the Owner made the difficult decision to euthanize Cooper.

18. On September 5, 2010, the Owner filed a complaint with the Board arising from Cooper's care at the Hospital. The Board opened a case and conducted an investigation, which included obtaining and reviewing medical records.

19. After its review, the Board found that Dr. Noyes provided substandard care.

20. COMAR 15.14.01.07A (Professional Judgment and Practice) provides that: "[a] veterinarian, when caring for and treating a patient, shall conform to those minimum standards of care and treatment which are customary among veterinarians in this State." Dr. Noyes did not satisfy the applicable standard in her care and treatment of Cooper because she did not order or at least did not recommend bloodwork before performing surgery on Cooper on June 29, 2019. Instead, Dr. Noyes relied on the bloodwork taken three days earlier, which was not in accordance with the standard of care.

21. In addition, when she reviewed the blood work taken after the surgery, Dr. Noyes did not recognize or interpret the highly elevated blood urea nitrogen ("BUN"), which was indicative of azotemia.

22. Dr. Noyes also did not satisfy the standard of care when she failed to culture the purulent material she found during the surgery. The standard of care for a surgical wound requires the infected tissue to be cultured to determine the type of infection and the best treatment.

23. Additionally, Dr. Noyes failed to communicate with the Owner regarding the seriousness of Cooper's condition when the condition continued to deteriorate after the initial surgery. Better communication might have included the recommendation that Cooper should remain hospitalized.

Taking the facts and circumstances into consideration, including the nature of the violation(s), the veterinarian's lack of disciplinary history, her acceptance of responsibility, and good faith cooperation in resolving this matter, the Board concluded that the most reasonable and appropriate resolution includes the sanctions set forth below.

#### **ORDER**

Based on the foregoing Findings of Fact and Conclusions of Law, it is this 17<sup>th</sup> day of March, 2022, by the State Board of Veterinary Medical Examiners, ORDERED that:

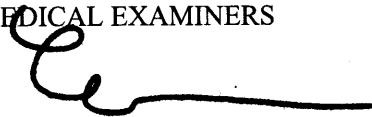
- (a) For violating COMAR 15.14.01.07A (Professional Judgment and Practice), in her care and treatment of Cooper, a 10-year-old male Morkie owned by Diana Vitiellis, by: not ordering new bloodwork before performing Cooper's surgery June 29, 2019; failing to culture the purulent materials she found under the incision during the surgery on June 29, 2019, which might have identified the type of infection and indicated the best antibiotic to use; misinterpreting the bloodwork she ordered on July 2, 2020, assuming that the extremely high creatinine reading was creatine; and failing to recognize the importance of the highly elevated BUN; Dr. Noyes is assessed a civil penalty of \$5,000;
- (b) The civil penalty shall be paid in monthly installments of \$500 with each installment due the 1<sup>st</sup> day of each month, by check payable to the Maryland Department of

Agriculture ("MDA") with the notation "SBVME – 20-10B" and sent to the MDA at 50 Harry S. Truman Parkway, Annapolis, MD 21401;

- (c) Dr. Noyes shall serve a period of probation of six months. While on probation, the veterinarian shall obey all laws and regulations governing the practice of veterinary medicine in this State and the conditions of this Consent Agreement. Violation of probation means that the veterinarian is charged and the Board ultimately concludes that the veterinarian violated the Veterinary Practice Act, related regulations, or the terms of this Consent Agreement during the period of probation. Violation of probation may result in additional penalties, following notice and an opportunity to be heard; and
- (d) As a condition of probation, Dr. Noyes shall complete six hours of continuing education ("CE") which the Board has approved in advance, in clinical pathology, interpreting bloodwork, and/or urinary/surgical management (bladder stones).
- (e) The CE shall be completed and verification of completion provided to the Board within three (3) months from the date of this Order. Requests for pre-approval and verification of CE completed should be sent by email to Vanessa Orlando, Executive Director, at [vanessa.orlando@maryland.gov](mailto:vanessa.orlando@maryland.gov). Proof from the CE provider shall include the veterinarian's name, the number of hours of CE completed, the topics covered, and the date(s) the CE was given. This CE will not count toward the 18 credit hours required annually for re-registration of the veterinary license. The Board may audit CE records for relevant years to verify completion of the annual CE requirements and the CE required by this Consent Agreement.

WITNESS the hand of the State Board of Veterinary Medical Examiners, State of Maryland, this  
17<sup>th</sup> day of March, 2022.

STATE BOARD OF VETERINARY  
MEDICAL EXAMINERS

 / NEB

Elizabeth Callahan, D.V.M.

President

State Board of Veterinary Medical Examiners

Maryland Department of Agriculture



### CONSENT

I, Megan A. Noyes, D.V.M., acknowledge that I have had an opportunity to consult with counsel before entering into this Consent Agreement. By this Consent, I hereby acknowledge the legal authority and jurisdiction of the Board over this matter to issue and enforce this Consent Agreement. To resolve this matter, I agree to accept and submit to the foregoing Consent Agreement, consisting of 9 pages. I sign this Consent Agreement without reservation as my voluntary act and deed after having had an opportunity to consult with counsel. I acknowledge that I fully understand and comprehend the language, meaning, and terms of this Consent Agreement.

3.15.2022

  
Megan A. Noyes, D.V.M.